FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H63236** **(4)**

1. Corporation Name

LOWELL J. DEEHL, M.D., P.A., ST. PETERSBURG CENT ER FOR BONE JOINT DISEASE AND MUSCULAR SKELETAL

Principal Place of Business	Mailing Address
750 94TH AVE., NORTH SUITE 206 ST PETERSBURG FL 33702	750 94TH AVE., NORTH SUITE 206 ST PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1985	3a. Date of Last Report: 04/27/1994
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite Apt. # etc. (22)	Suite Apt. # etc. (27)
City & State (23)	City & State (28)
Zip (24) County (25)	Zip (29) County (30)
4. FEI Number: 59-2545027	Applied For / Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has solely for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent

DEEHL, LOWELL
750 94TH AVENUE NORTH, SUITE 206
ST PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (Typed or printed name of registered agent and title if agent is a corporation) (Registered Agent signature required when filing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	P	1.1 TITLE	☐ Change ☐ Addition
1 NAME	DEEHL, LOWELL J.	1.2 NAME	
1 STREET ADDRESS	750 94TH AVENUE NO, #206	1.3 STREET ADDRESS	
1 CITY ST ZIP	ST PETERSBURG FL	1.4 CITY ST ZIP	
2 TITLE		2.1 TITLE	☐ Change ☐ Addition
2 NAME		2.2 NAME	
2 STREET ADDRESS		2.3 STREET ADDRESS	
2 CITY ST ZIP		2.4 CITY ST ZIP	
3 TITLE		3.1 TITLE	☐ Change ☐ Addition
3 NAME		3.2 NAME	
3 STREET ADDRESS		3.3 STREET ADDRESS	
3 CITY ST ZIP		3.4 CITY ST ZIP	
4 TITLE		4.1 TITLE	☐ Change ☐ Addition
4 NAME		4.2 NAME	
4 STREET ADDRESS		4.3 STREET ADDRESS	
4 CITY ST ZIP		4.4 CITY ST ZIP	
5 TITLE		5.1 TITLE	☐ Change ☐ Addition
5 NAME		5.2 NAME	
5 STREET ADDRESS		5.3 STREET ADDRESS	
5 CITY ST ZIP		5.4 CITY ST ZIP	
6 TITLE		6.1 TITLE	☐ Change ☐ Addition
6 NAME		6.2 NAME	
6 STREET ADDRESS		6.3 STREET ADDRESS	
6 CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Lowell J Deehl MD 5 4 95 (813) 579-4949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0310305 CF